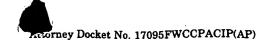
14



COMBINED DECLARATION & POWER OF ATTORNEY - U.S.A Application

As a below named inventor, I hereby declare that:

[X]

(check one)

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled COMBINATIONS OF PROSTAGLANDINS AND BRIMONIDINE OR DERIVATIVES THEREOF the specification of which

is attached hereto

l J			anon Seriai Ivo	-
		rnational Application N ended on(
	and was am	ended on	п аррпсавіє)	
I hereby state tha specification, including the	t I have review claims, as amen	red and understand thaded by any amendmen	ne contents of the abort referred to above.	ve-identified
I acknowledge the application in accordance war priority benefits under 35 inventor's certificate, or §3 country other than the U application for patent or in before that of the Prior For	vith Title 37, Coo USC § 119(a)-(65(a) of any PC United States, li aventor's certific	de of Federal Regulatio (d) or §365(b) of any f T International applica isted below and have ate, or PCT Internation	foreign application(s) for ation which designated also identified below	claim foreign or patent or at least one any foreign
Number	Country	Day/Month/Yr filed)	[] Priority Not Claimed	
I hereby claim thapplication(s) listed below.		er 35 USC §119 (e)	of any United States	provisional
Application No.	Filing Date			
I hereby claim the application(s) listed below	benefit under '	Title 35. United State	s Code. §120 of any U	nited States

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application No. Filing Date

08/330,050 May 5, 1994 08/710,636 February 5, 1998

I hereby appoint CARLOS A. FISHER, Registration No. 36,510 (to whom all communications are to be directed), at Allergan, Inc. (T2-7H), 2525 Dupont Drive, Irvine, CA. 92612, telephone number (714) 246-4920, facsimile number (714) 246-4249, and the belownamed persons (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, with full power to appoint associate attorneys:



Name	Registration No.		
Robert Baran	25,806		
Martin A. Voet	25,208		
Stephen Donovan	33.433		
Cynthia O'Donohue	44,980		

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR:								
First Name:	Name: Initial		Last Name					
Michael	E	Garst						
RESIDENCE & CITIZENSHIP								
City	State or Foreign Country		Country of Citizenship					
Newport Beach	California		USA					
•	·							
POST OFFICE ADDRESS								
Post Office Address			Country	Zip Code				
2627 Raqueta	Newport Beach	California		92660				
SIGNATURE OF FIRST INVENTOR		DATE:						
Milarel	2 Sant	15	Nov (19'				
· · · · · · ·	/	<u> </u>						